TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF SOLID WASTE MANAGEMENT

DIVISION OF SOLID WASTE MANAGEMENT
401 Church St., L & C Tower, 5th Floor
Nashville, TN 37243-1535

SOLID WASTE PART I APPLICATION



	V - V - E				Official use only	
THT	E COMPOST COMPANY, LLC					
b. M	ailing address	City		State	Zip Code	
10.	2 EISENHOWER DRIVE	ASHLAN	ID CITY	TH	37015	
2. a. Pl	hysical location or address of facility	ty		County		
34	3643 HWY 12 NORTH, ASHLAND CITY, TH 31015 CHEATHAM					
b. La			legrees, minutes, and seconds)			
	36° 22' 08" N	5° 22' 08" N		87° 10' 44" W		
3. Respo	onsible official's name			Phone number with area code		
E	EDWARD WANSING		(615) 427-5956			
4. Mana	Sanager's or Operator's name		Phone number with area code			
i	EDWARD WANSING		(615) 427-5956			
5. a. La	a. Landowner's name			Phone number with area code		
Cf	CARLY + EDWARD WANSING		(615) 427- 5956			
<u></u> ь. М	ailing address	City		State	Zip Code	
	OZ EISENHOWER DRIVE	ASHLAN	D CITY	TN	37015	
6 0 7	oning outhority's name *			han with an	an anda	
6. a. Zoning authority's name * Current zoning status Phone number with area code CHEATHAM COUNTY PLANNING DEPT. ACRICULTURAL (615) 792-7915						
*see instruction on back						
	ailing address	City		State	Zip Code	
2	64 S. MAIN ST. SUITE 102	ASHLAME	> CITY	TH	31015	
	Type of facility: Class I Class II Class II Compost					
	Fill acreage NA					
0 T						
	D. Type(s) of waste handled: X Municipal X Industrial Commercial Demolition Medical X Yard Waste					
1 Other wood whete, food whete						
10. Amou	nt of waste handled:					
	attons/day	Volume	(0)	>	cubic yards/day	
11. I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted.						
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the						
	information, the information submitted is, to the best of my knowledge and belief, true, and accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in					
Tannassas Code American Section 20 16 702(a)(4) this declaration is made under nanolty of partium						
Pate 1/15/13 Signature of Responsible Official Edward Wolley						
Z DIE	Official Title OWHER CEO					
2 20	Signature of Notary Cotte & Havel					
- O	>0 × °	Date Commission Expires 10/28/2015				
A Date NO NY	Date C	ommission exp	1100	my me		
	COTHS 13 Signa	iture of Landow	ner Edu	w) U	J auix	
CN-1036 (Rev	(continued o	n reverse)		3!	RDA 2202	



